## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/519302

|   |  | CL AIMO                                    |  |                               |                                       |                                      |                    |                     |                        |      |                     |  |  |
|---|--|--|--|-------------------------------|---------------------------------------|--------------------------------------|--------------------|---------------------|------------------------|------|---------------------|--|--|
| CLAIMS A  |  |  | (Column 1)   |                               | (Column 2)                            |                                      |                    | SMALL EN            | mry —                  | OR   |                     | R THAN<br>ENTITY                                 |  |
| U.S. NATIONAL STAGE FEES  |  |  |  |                               |                                       |                                      |                    | RATE                | FEE                    | 7    | RATE                | FEE  |  |
| BASIC FEE   |  |  | SMALL EN   | SMALL ENT. = \$ 150           |                                       | LARGE ENT. = \$ 300                  |                    | BASIC FEE           | 150                    | OR   | BASIC FEE           | +  |  |
| EXAMINATION FEE   |  |  | Satisfies PCT<br>(4) = \$1   | Article 33(1)-<br>50 / \$ 100 | All other situations = \$100 / \$ 200 |                                      |                    | EXAM FEE            | 100                    | 1    | EXAM FEE            | +  |  |
| SE  | ARCH FEE   |  | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                               |                                       | ther situations =<br>\$ 250 / \$ 500 |                    | SEARCH FEE          | 200                    |      | SEARCH FEE          | <del>                                     </del> |  |
| FE  | E FOR EXTRA  | SPEC. PGS.                                 | . mi   | . minus 100 =                 |                                       | / 50 =                               |                    | X \$ 125 =          | -                      | 1 .  | X \$ 250 =          | <del> </del>                                     |  |
| то  | TAL CHARGE   | ABLE CLAIMS                                | 11 "   | ninus 20 =                    |                                       |                                      |                    | X \$ 25 =           | 1                      | OR   | X \$ 50 =           | †  |  |
| INC   | EPENDENT C   | LAIMS                                      | 1  | minus 3 =                     |                                       |                                      | 7                  | X \$ 100 =          | 1—                     | OR   | X \$ 200 =          | †  |  |
| MU  | LTIPLE DEPE  | NDENT CLAIM PR                             | ESENT  |                               |                                       |                                      | 1                  | +\$ 180 =           | -                      | OR   | + \$ 360 =          | <del>                                     </del> |  |
| * If the difference in column 1 is less than zero, enter "0" In column 2              |  |  |  |                               |                                       |                                      |                    | TOTAL               | 450                    | OR   | TOTAL               |  |  |
| CLAIMS AS AMENDED - PART II  10-07-04(column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |  |  |                               |                                       |                                      |                    | SMALL I             | ENTITY                 | OR   | OTHER<br>SMALL I    |  |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT            |  | PREVIO                        | ER<br>USLY                            | PRESENT<br>EXTRA                     |                    | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE                           |  |
|   | Total  | • //                                       | Minus  | -21                           | 2                                     | = /                                  |                    | X \$ 25 =           | 7                      | OR   | X \$ 50 =           |  |  |
| AME   | Independent  | • /  | Minus  |                               | 3                                     | - /                                  |                    | X \$ 100 =          | /                      | OR   | X \$ 200 =          |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |  |                               |                                       |                                      | ]                  | +\$180=             |                        | OR   | + \$ 360 =          |  |  |
|   |  |  |  |                               |                                       |                                      |                    | TOTAL ADDIT.<br>FEE | /                      | OR T | TOTAL ADDIT.<br>FEE |  |  |
|   |  |  |  |                               |                                       |                                      |                    |                     |                        |      |                     |  |  |
|   |  | (Column 1)                                 |  | (Cotum                        |                                       | (Column 3)                           |                    |                     |                        | ,-   |                     |  |  |
| AMENOMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT            |  | MUMBE<br>PREVIOU<br>PAID FO   | ER<br>ISLY                            | PRESENT<br>EXTRA                     |                    | RATE                | ADDI-<br>TIONAL<br>FEE | ŀ    | RATE                | ADDI-<br>TIONAL<br>FEE                           |  |
|   | Total  | •  | Minus  | ••                            |                                       | =                                    |                    | X \$ 25 =           |                        | OR   | X \$ 50 =           |  |  |
| ¥ .   | Independent  | •  | Minus  | ***                           |                                       | 8                                    |                    | X \$ 100 =          |                        | OR   | X \$ 200 =          |  |  |
|   | FIRST PRES   | ENTATION OF MI                             | JLTIPLE DEP  | ENDENT CL                     | AIM                                   |                                      |                    | +\$ 180 =           |                        | OR   | + \$ 360 =          |  |  |
|   |  |  | ٦  | TOTAL ADDIT.<br>FEE           |                                       | OR T                                 | OTAL ADDIT.<br>FEE | ·                   |                        |      |                     |  |  |
| PEE   |  |  |  |                               |                                       |                                      |                    |                     |                        |      |                     |  |  |
| • •   |  |  |  |                               |                                       |                                      |                    |                     |                        |      |                     |  |  |
| •• t  | the Tighest Mu   | mn 1 is less than the mber Previously Paid | For IN THIS SP   | ACE is less t                 | un 20'.                               | erser "20".                          |                    |                     |                        |      |                     | Į  |  |
| t   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |  |                               |                                       |                                      |                    |                     |                        |      |                     |  |  |
|   |  |  | ,  |                               |                                       |                                      |                    | -pp-sp-state CAR    | <del></del>            |      |                     | ŀ  |  |